Image# 15951446165 PAGE 1 / 57

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

					Office Use (Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		le: If typing, type ne lines.	12FE4M	15	
Molina Healthcare, Inc.	PAC					
	. 200 Occasion					
ADDRESS (number and street)	200 Oceangate					
Check if different	Suite 100					
than previously reported. (ACC)	Long Beach			CA	90802	
2. FEC IDENTIFICATION NU	MBER ▼	CITY 🛦		STATE ▲	ZII	P CODE A
C C00430256		3. IS THIS REPORT	NEW (N)		AMENDED A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May 20	(M5) Au	ıg 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (M6) Se	ep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	Jul 20 (N	M7) Od	ot 20 (M10)	Jan 31 (YE)
Quarterly Report (Q July 15	1) (c) 12-Day PRE-Electio		mary (12P)	Genera	al (12G)	Runoff (12R)
X July 15 Quarterly Report (Q October 15	2) Report for the		onvention (12C)	Specia	l (12S)	
Quarterly Report (Q	3)		M M / D D		Y ir	the
January 31 Year-End Report (Y	E)E	Election on		<u> </u>		tate of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-Electi		eneral (30G)	Runoff	(30R)	Special (30S)
Termination Report (TER)	Report for the	ne:	M = M / D = D	/ Y	Y ir	the
(TETT)	E	Election on		<u> </u>		tate of
5. Covering Period 04		014	through 0		2014	Y
I certify that I have examined thi	s Report and to the be	est of my knowle	dge and belief it	is true, correct a	ind complete.	
Type or Print Name of Treasurer	Michael Mayers					
Signature of Treasurer Michael	uel Mayers	[El	ectronically Filed]	Date 05	/ 29	/ Y Y Y Y Y Y 2015
NOTE: Submission of false, errone	ous, or incomplete infor	mation may subje	ct the person sign	ing this Report to	the penalties	of 2 U.S.C. §437g.
Office						FORM 3X
Use Only						. 12/2004

	SUMMARY PAGE F RECEIPTS AND DISBURSEMENTS	Doza 2
FEC Form 3X (Rev. 02/2003) Write or Type Committee Name		Page 2
Molina Healthcare, Inc. PAC		
Report Covering the Period: From: 04	M / D D / Y Y Y Y Y Y TO:	06 30 7 2014
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		82936.69
(b) Cash on Hand at Beginning of Reporting Period	103944.43	
(c) Total Receipts (from Line 19)	53865.73	116439.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	157810.16	199375.81
7. Total Disbursements (from Line 31)	52024.29	93589.94
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	105785.87	105785.87
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
X This committee has qualified as a multican	didate committee. (see FEC FORM 1M)	

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

ort Covering the Period: From: 04	01 2014 To	: 06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I. Receipts	COLUMN B Calendar Year-to-Date	
•		
(i) Itemized (use Schedule A)	42812.36	91400.79
(ii) Unitemized(iii) TOTAL (add	11053,37	25038.33
Lines 11(a)(i) and (ii)▶	53865.73	116439.12
,	0.00	0.00
(such as PACs)	0.00	0.00
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	53865.73	116439.12
	0.00	0.00
Il Loans Received	0.00	0.00
oan Repayments Received	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
Refunds of Contributions Made		
	0.00	0.00
	0.00	0.00
Dividends, Interest, etc.)	0.00	0.00
		, ,
(from Schedule H3)	0.00	0.00
b) Levin Funds (from Schedule H5)	0.00	0.00
c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	I. Receipts Contributions (other than loans) From: a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	I. Receipts Contributions (other than loans) From: a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		Total This Period			
1.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date		
	(i) Federal Share	0.00	0.00		
		0.00	0.00		
	(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00		
	Expenditures	228.00	793.65		
	(c) Total Operating Expenditures				
	(add 21(a)(i), (a)(ii), and (b)) ▶	228.00	793.65		
	Transfers to Affiliated/Other Party	0.00	0.00		
	Contributions to	0.00	0.00		
	Federal Candidates/Committees and Other Political Committees	49811.00	86811.00		
	Independent Expenditures	0.00	0.00		
	(use Schedule E)	0.00	0.00		
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
	(use scriedule i)		0.00		
	Loan Repayments Made	0.00	0.00		
	i	0.00	0.00		
	Loans Made Refunds of Contributions To:	0.00	0.00		
	(a) Individuals/Persons Other Than Political Committees	135.29	135.29		
	Than I chasa. Committees				
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees	0.00	0.00		
	(such as PACs)	0.00	0.00		
	(d) Total Contribution Refunds				
	(add Lines 28(a), (b), and (c))▶	135.29	135.29		
	Oil Bill		5050.00		
	Other Disbursements	1850.00	5850.00		
	Federal Election Activity (2 U.S.C. §431(20))				
	(a) Allocated Federal Election Activity				
	(from Schedule H6)	0.00	0.00		
	(i) Federal Share	0.00	0.00		
	(ii) "Levin" Share	0.00	0.00		
	(b) Federal Election Activity Paid Entirely				
	With Federal Funds	0.00	0.00		
	(c) Total Federal Election Activity (add	0.00	0.00		
	Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00		
	Total Disbursements (add Lines 21(c), 22,				
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	52024.29	93589.94		
	T. 15 1 1811				
	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
	from Line 31)	52024.29	93589.94		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	53865.73	116439.12
4. Total Contribution Refunds (from Line 28(d))	135.29	135.29
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	53730.44	116303.83
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	228.00	793.65
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	228.00	793.65

FOR LINE NUMBER: PAGE 6 OF 57

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
		13 14 15 16 17
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and α		
NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) A. Peter G Adler		Date of Receipt
Mailing Address 5402 Lake Washington Blvd NE		M = M / D = D / Y = Y = Y
Unit H City State	Zip Code	06 20 2014 Transaction ID : C2781322
Kirkland WA	98033-7332	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		768.00
Name of Employer Occupation	1	
Molina Healthcare of WA Healthcare	Administration	
Receipt For: Primary General Other (specify) ▼ Aggregate	Year-to-Date ▼ 768.00	* Payroll Deduction: \$192.00 bi-weekly payroll deduction
Full Name (Last, First, Middle Initial) B. April Alexander		Date of Receipt
Mailing Address 2127 California St. NW #103		06 20 2014
City State Washington DC	Zip Code	Transaction ID : C2781102
	20008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		234.00
Name of Employer Occupation Molina Healthcare, Inc.		
Possint For:	nt Relations	
Primary General Aggregate	Year-to-Date ▼	* Payroll Deduction: \$39.00 bi-weekly payroll deduction
Other (specify) ▼	409.00	a dyron boddon. Good on woonly payron doddonon
Full Name (Last, First, Middle Initial) C. Karyn Appel		Date of Receipt
Mailing Address 17611 Maidstone Ave		06 20 / Y Y Y Y Y Y
City State Artesia CA	Zip Code 90701-3821	Transaction ID : C2781040
	90701-3621	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		121.50
Name of Employer Occupation		
Possint For:	Member Services	_
Primary General Aggregate	Year-to-Date ▼	* Payroll Deduction: \$20.25 bi-weekly payroll deduction
Other (specify) ▼	263.25	
SUBTOTAL of Receipts This Page (optional)		1123.50
TOTAL This Period (last page this line number only)		

FOR LINE NUMBER: PAGE 7 OF 57 Use separate schedule(s)

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
Any information copied from such Reports and or for commercial purposes, other than using to	d Statements may not be sold or used by the name and address of any political com	any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) A. Constance Banks Mailing Address 5609 Blacks Road SW City Pataskala FEC ID number of contributing federal political committee. Name of Employer Molina Healthcare of OH Receipt For: Primary General	State Zip Code OH 43062 C Occupation Health Care worker Aggregate Year-to-Date ▼	Date of Receipt 06 20 2014 Transaction ID: C2781144 Amount of Each Receipt this Period 125.04 * Payroll Deduction: \$20.84 bi-weekly payroll deduction
Other (specify) ▼ Full Name (Last, First, Middle Initial)	270.9	
B. Jeff D. Barlow Mailing Address 3731 El Ricon Way City Sacramento FEC ID number of contributing federal political committee.	State Zip Code CA 95864-2918	Date of Receipt 06 20 2014 Transaction ID : C2781056 Amount of Each Receipt this Period
Name of Employer Molina Healthcare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation General Counsel Aggregate Year-to-Date ▼ 2500.0	* Payroll Deduction: \$192.31 bi-weekly payroll deduction
Full Name (Last, First, Middle Initial) C. Craig Bass Mailing Address 5973 Shady Oaks Drive City Frisco FEC ID number of contributing federal political committee.	State Zip Code TX 75035	Date of Receipt 06 20 2014 Transaction ID : C2781123 Amount of Each Receipt this Period
Name of Employer Molina Healthcare of TX Receipt For: Primary General Other (specify) ▼	Occupation Healthcare Administrator Aggregate Year-to-Date ▼ 1677.0	* Payroll Deduction: \$129.00 bi-weekly payroll deductio
SUBTOTAL of Receipts This Page (optional).		2052.90
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: **PAGE** 8 OF 57 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Terry Phyllis Bayer Date of Receipt Mailing Address 274 Argonne Ave 2014 20 City Zip Code State Transaction ID: C2781276 CA Long Beach 90803-1763 Amount of Each Receipt this Period FEC ID number of contributing C 1153.86 federal political committee. Name of Employer Occupation Chief Operating Officer Molina Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$192.31 bi-weekly payroll deduction 2500.03 Other (specify) Full Name (Last, First, Middle Initial) B. Del R Bell Date of Receipt Mailing Address P.O. Box 536 06 20 2014 City State Zip Code Transaction ID: C2781148 ID Eagle 83616 Amount of Each Receipt this Period FEC ID number of contributing 210.00 federal political committee. Name of Employer Occupation Molina Medicaid Solutions Healthcare Administration Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$40.00 bi-weekly payroll deduction 385.00 Other (specify) Full Name (Last, First, Middle Initial) c. Bryce Berg Date of Receipt Mailing Address 17301 Forbes Ln 2014 06 20 City State Zip Code Transaction ID: C2781257 CA **Huntington Beach** 92649-4666 Amount of Each Receipt this Period FEC ID number of contributing 422.00 С federal political committee. Name of Employer Occupation Healthcare Administration Molina Healthcare Inc Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$97.00 bi-weekly payroll deduction 877.00 Other (specify) 1785.86 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: **PAGE** 9 OF 57 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Amritpreet Bhugra Date of Receipt Mailing Address P.O. Box 9183 2014 06 20 City Zip Code State Transaction ID: C2781259 Naperville IL 60567 Amount of Each Receipt this Period FEC ID number of contributing 120.00 federal political committee. Name of Employer Occupation Healthcare Administration Molina Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$20.00 bi-weekly payroll deduction 260.00 Other (specify) Full Name (Last, First, Middle Initial) B. Glen Bogner Date of Receipt Mailing Address 414 Dellcrest Drive 20 06 2014 City State Zip Code Transaction ID: C2781161 MD Forest Hill 21050 Amount of Each Receipt this Period FEC ID number of contributing 1003.22 federal political committee. Name of Employer Occupation Molina Healthcare, Inc. Healthcare Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$41.67 bi-weekly payroll deduction 1294.91 Other (specify) Full Name (Last, First, Middle Initial) c. David Boim Date of Receipt Mailing Address 12028 Young Manor Drive 2014 06 20 City Zip Code State Transaction ID: C2781198 Midlothian VA 23113 Amount of Each Receipt this Period FEC ID number of contributing 582.00 С federal political committee. Name of Employer Occupation Healthcare Administrator Molina Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$97.00 bi-weekly payroll deduction 855.00 Other (specify) 1705.22 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

	FC	TOTAL TROUBLETT								57	
Use separate schedule(s) for each category of the	(cl	(check only one)									
Detailed Summary Page		X	11a		11b		11c		12		_
			13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Karen R Bounds Date of Receipt Mailing Address 1400 Sunset Rd SE 20 2014 06 City Zip Code State Transaction ID: C2781282 NM Rio Rancho 87124-2629 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Name of Employer Occupation Healthcare Administrator Molina Healthcare of NM, Inc Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$25.00 bi-weekly payroll deduction 325.00 Other (specify) Full Name (Last, First, Middle Initial) B. Shelby Brambach Date of Receipt Mailing Address P.O. Box 14609 20 06 2014 City State Zip Code Transaction ID: C2781160 Bothell WA 98082 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Name of Employer Occupation Molina Healthcare of Washington Health Care Services Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$25.00 bi-weekly payroll deduction 325.00 Other (specify) Full Name (Last, First, Middle Initial) c. Terri Brown Date of Receipt Mailing Address 3201 NE 183rd Street 30 2014 04 Unit 1106 City State Zip Code Transaction ID: C2731457 FL Aventura 33160 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 С federal political committee. Name of Employer Occupation Healthcare IT Molina Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) 2800.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one)

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) A. Gary S Call Mailing Address 10072 Rockview Dr		Date of Receipt
City Sta	'	06 20 2014 Transaction ID : C2781057
Sandy FEC ID number of contributing federal political committee.	84092-4100	Amount of Each Receipt this Period 485.00
Molina Healthcare, Inc. Inform	pation mation Requested regate Year-to-Date ▼ 485.00	* Payroll Deduction: \$97.00 bi-weekly payroll deduction
Full Name (Last, First, Middle Initial) B. Richard W Chambers Mailing Address 1099 Azure Court		Date of Receipt
City Sta Palm Springs CA	'	06 20 2014 Transaction ID : C2781139 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		1349.04
Molina Healthcare of California Healt	pation h Care Administrator regate Year-to-Date ▼ 2077.04	* Payroll Deduction: \$224.84 i-weekly payroll deductio
Full Name (Last, First, Middle Initial) C. Ellen Charlebois		Date of Receipt
Mailing Address 2030 Silverlake Blvd		06 20 2014
City Sta Frankfort KY	•	Transaction ID : C2781192 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		234.00
Molina Healthcare Inc Healt	pation thcare Administrator egate Year-to-Date ▼ 368.75	* Payroll Deduction: \$39.00 bi-weekly payroll deduction
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number only)	· · · · · · · · · · · · · · · · · · ·	2068.04

							PAGE	. 1	12 (OF	57	
Use separate schedule(s) for each category of the Detailed Summary Page	(c	(check only one)										
		X	11a		11b		11c		12			
			13		14		15		16		17	,
not be sold or used by any person for the purpose of soliciting contributions												

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Amy Clubbs Date of Receipt Mailing Address 3740 Darby Knolls Blvd 06 20 2014 City State Zip Code Transaction ID: C2781086 43026-7428 OH Hilliard Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Molina Healthcare of OH, Inc Healthcare Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$50.00 bi-weekly payroll deduction 850.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kent Conrad Date of Receipt Mailing Address 818 A St., SE 06 2014 16 City State Zip Code Transaction ID: C2761346 Washington DC 20003-1340 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Name of Employer Occupation Molina Healthcare Inc Consultant Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Berenice Nunez Constant Date of Receipt Mailing Address 1219 E 3rd Street, Apt 1 20 2014 06 City State Zip Code Transaction ID: C2781112 CA Long Beach 90802 Amount of Each Receipt this Period FEC ID number of contributing C 230.70 federal political committee. Name of Employer Occupation Policy Molina Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$38.45 bi-weekly payroll deduction 499.85 Other (specify) 3230.70 SUBTOTAL of Receipts This Page (optional).....

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TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s)

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any the name and address of any political committee	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) A. Daniel Cooperman Mailing Address 930 Culebra Road		Date of Receipt 04 30 2014
City Hillsborough	State Zip Code CA 94010	Transaction ID : C2731453 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer	Occupation	
Molina Healthcare	Board of Directors	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) B. Antonio Cruz		Date of Receipt
Mailing Address 2919 E Vista Street		06 20 2014
City Long Beach	State Zip Code CA 90803	Transaction ID : C2781132 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.02
Name of Employer Molina Healthcare, Inc.	Occupation Healthcare Worker	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 541.71	* Payroll Deduction: \$41.67 bi-weekly payroll deduction
Full Name (Last, First, Middle Initial) C. James Cruz		Date of Receipt
Mailing Address 217 W. Avenue Valencia		06 20 2014
City	State Zip Code CA 92672	Transaction ID : C2781118
San Clemente	CA 92672	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	
Molina Healthcare of CA Receipt For:	Healthcare Administrator	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	* Payroll Deduction: \$25.00 bi-weekly payroll deduction
SUBTOTAL of Receipts This Page (optional	l)	2900.02
TOTAL This Period (last page this line num	ber only)	

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Use separate schedule(s) for each category of the	(ch	eck only	or	ne)			1	
Detailed Summary Page	>	1 1a		11b		11c	12	
, ,		13		14		15	16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Derek Danley Date of Receipt Mailing Address 17401 Tidalview Ln 20 2014 City State Zip Code Transaction ID: C2781303 CA **Huntington Beach** 92649-6439 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Name of Employer Occupation Healthcare Administration Molina Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$100.00 bi-weekly payroll deduction 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Amy Dobberteen Date of Receipt Mailing Address 6616 Flaming Arrow Drive 06 20 2014 City State Zip Code Transaction ID: C2781115 CA Citrus Heights 95621 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Molina Healthcare, Inc. Lawyer Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$50.00 bi-weekly payroll deduction 650.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Troy Eubank Date of Receipt Mailing Address 1823 Tremont Ave 20 2014 06 City State Zip Code Transaction ID: C2781047 TX Fort Worth 76107-3944 Amount of Each Receipt this Period FEC ID number of contributing C 180.00 federal political committee. Name of Employer Occupation Healthcare Administration Molina Healthcare of TX, Inc Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$30.00 bi-weekly payroll deduction 390.00 Other (specify) 880.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one)

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 12 15 16 17							
or for commercial purposes, other than using			/ person for the purpose of soliciting contributions ttee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC										
Full Name (Last, First, Middle Initial) A. George Figueroa			Date of Receipt							
Mailing Address 4426 E. Earll Drive			06 20 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y							
City Phoenix	State AZ	Zip Code 85018	Transaction ID : C2781113							
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 270.00							
Name of Employer Molina Healthcare, Inc.	Occupation Healthcare	Administration								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 585.00	* Payroll Deduction: \$45.00 bi-weekly payroll deduction							
Full Name (Last, First, Middle Initial) B. Marjorie Finkelnburg	Date of Receipt									
Mailing Address 108 N. West Street			06 20 2014							
City Alexandria	State VA	Zip Code 22314	Transaction ID : C2781099 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	ÿ									
Name of Employer Molina Healthcare Inc										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 557.00	* Payroll Deduction: \$45.00 bi-weekly payroll deductio							
Full Name (Last, First, Middle Initial) C. Wyatt French	-		Date of Receipt							
Mailing Address 9619 Lyndonway Drive			06 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
City Richmond	State VA	Zip Code 23229	Transaction ID : C2781206							
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 160.00							
Name of Employer										
Molina Medicaid Solutions										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	* Payroll Deduction: 30.00 bi-weekly payroll deduction							
SUBTOTAL of Receipts This Page (optional	al)		700.00							
TOTAL This Period (last page this line num	nber only)									

	FOR LINE NUMBER:	PAGE 16 OF 57
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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Virginia Fuentes Rivera Date of Receipt Mailing Address 1592 Cottonwood Drive 20 2014 City Zip Code State Transaction ID: C2781251 OH Lewis Center 43035 Amount of Each Receipt this Period FEC ID number of contributing C 125.04 federal political committee. Name of Employer Occupation Molina Healthcare OH Managed Care Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$20.84 bi-weekly payroll deduction 270.92 Other (specify) Full Name (Last, First, Middle Initial) B. Angelo Giambrone Date of Receipt Mailing Address 1821 Park Street 06 20 2014 City State Zip Code Transaction ID: C2781145 CA **Huntington Beach** 92648 Amount of Each Receipt this Period FEC ID number of contributing 270.00 federal political committee. Name of Employer Occupation Molina Healthcare, Inc. Healthcare Administration Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$45.00 bi-weekly payroll deduction 585.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Gibson Date of Receipt Mailing Address 316 Sychar Road 20 2014 06 City State Zip Code Transaction ID: C2781208 OH Mount Vernon 43050 Amount of Each Receipt this Period FEC ID number of contributing C 125.04 federal political committee. Name of Employer Occupation Healthcare Administrator Molina Healthcare of OH Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$20.84 bi-weekly payroll deduction 270.92 Other (specify) 520.08 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -

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Any information copied from such or for commercial purposes, other	Reports and Statements may not be sold or used by any per than using the name and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Fig. Molina Healthcare, Ir	ıll)	7 to 65.00 so 10.00 s
Full Name (Last, First, Middle A. Harold N Gooch	Initial)	Date of Receipt
Mailing Address 6511 S Canyo	on ranch Road	06 20 2014
City	State Zip Code	Transaction ID : C2781193
Salt Lake City	UT 84121	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	115.50
Name of Employer	Occupation	
Molina Healthcare of Utah	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.25	* Payroll Deduction: \$19.25 bi-weekly payroll deduction
Full Name (Last, First, Middle B. Peter M Gray	Initial)	Date of Receipt
Mailing Address 9 Perleys Land	9	06 20 2014
City	State Zip Code	Transaction ID : C2781233
Hallowell	ME 04347	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Molina Medicaid Solutions	Occupation Healthcare Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	* Payroll Deduction: \$50.00 bi-weekly payroll deduction
Full Name (Last, First, Middle C. Laurie Greenberg	Initial)	Date of Receipt
Mailing Address 27760 Woodla		06 20 / Y Y Y Y Y Y
City Boerne	State Zip Code TX 78015-4956	Transaction ID : C2781159
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Molina Healthcare of Texas	physician	
Receipt For: Primary Genera Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	* Payroll Deduction: \$50.00 bi-weekly payroll deduction
SUBTOTAL of Receipts This Pa	ge (optional)	715.50
TOTAL This Period (last page th	is line number only)	

FOR LINE NUMBER: PAGE 18 OF Use separate schedule(s) (check only one)

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any p the name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Molina Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) A. Patricia Griffith Mailing Address 944 Elyria Dr City Los Angeles FEC ID number of contributing federal political committee. Name of Employer Molina Healthcare, Inc. Receipt For: Primary Other (specify)	State Zip Code CA 90065-3234 C Occupation Healthcare Administrator Aggregate Year-to-Date ▼ 393.00	Date of Receipt 04 30 2014 Transaction ID: C2731454 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Patricia Griffith Mailing Address 944 Elyria Dr City Los Angeles FEC ID number of contributing federal political committee.	State Zip Code CA 90065-3234	Date of Receipt 06 20 2014 Transaction ID : C2781065 Amount of Each Receipt this Period 66.00
Name of Employer Molina Healthcare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Healthcare Administrator Aggregate Year-to-Date ▼ 393.00	* Payroll Deduction: \$11.00 bi-weekly payroll deduction
Full Name (Last, First, Middle Initial) Matthew James Lawrence Haace Mailing Address 1238 Desoto Street City Placentia FEC ID number of contributing federal political committee. Name of Employer Molina Healthcare, Inc. Receipt For: Primary General	State Zip Code CA 92870 C Occupation Healthcare Administration Aggregate Year-to-Date ▼	Date of Receipt 06 20 2014 Transaction ID: C2781151 Amount of Each Receipt this Period 125.04 * Payroll Deduction: \$20.84 bi-weekly payroll deduction
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional).	270.92	441.04
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Any information copied from such Reports and Statements may not be sold or used by any or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Donnie Hanson Date of Receipt Mailing Address PO Box 6734 or 6731 01 2014 City State Zip Code Transaction ID: C2720284 FL 34660-6734 Ozona Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Healthcare Administration Molina Healthcare of FL, Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Catherine S Harvey Date of Receipt Mailing Address 3350 N Southport Ave 06 20 2014 Apt 1N City State Zip Code Transaction ID: C2781340 IL 60657-1253 Chicago Amount of Each Receipt this Period FEC ID number of contributing 769.24 federal political committee. Name of Employer Occupation Molina Healthcare of IL Healthcare Administration Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$192.31 bi-weekly payroll deduction 769.24 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa Anne Hatton Date of Receipt Mailing Address 1280 Stone Ridge Ct 20 2014 06 City State Zip Code Transaction ID: C2781249 OH Westerville 43081-3274 Amount of Each Receipt this Period FEC ID number of contributing C 180.00 federal political committee. Name of Employer Occupation **Enrollment Growth** Molina Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$30.00 bi-weekly payroll deduction

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390.00

Other (specify)

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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Kim Hedrick Date of Receipt Mailing Address P.O. Box 2715 20 2014 City State Zip Code Transaction ID : C2781217 NM Corrales 87048 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation Molina Healthcare of NM Healthcare Administration Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$50.00 bi-weekly payroll deduction 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Erin Hiley Date of Receipt Mailing Address 7003 1/2 W. Manchester Ave., 06 20 2014 City State Zip Code Transaction ID: C2781197 CA Los Angeles 90045 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Name of Employer Occupation Molina Healthcare, Inc. Lawyer Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$25.00 bi-weekly payroll deduction 325.00 Other (specify) Full Name (Last, First, Middle Initial) c. Richard Hopfer Date of Receipt Mailing Address 44 59th Place 2014 06 01 City State Zip Code Transaction ID: C2744403 CA Long Beach 90803 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Name of Employer Occupation Healthcare Administration Molina Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 650.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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		tatements may not be sold or used by any personame and address of any political committee to	
\setminus	NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC		
<u>/</u>	•		
Α.	Full Name (Last, First, Middle Initial) Richard Hopfer	Date of Receipt	
	Mailing Address 44 59th Place		06 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID : C2781359
	Long Beach	CA 90803	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer	Occupation	-
	Molina Healthcare, Inc.		
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	220.00	* Payroll Deduction: \$20.00 bi-weekly payroll deduction
В.	Full Name (Last, First, Middle Initial) John P Jarvis		Date of Receipt
	Mailing Address 5240 Knoxville Ave	M = M / D = D / Y = Y = Y	
	City	State Zip Code	06 20 2014 Transaction ID : C2781211
	Lakewood	CA 90713	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	115.50
	Name of Employer Molina Healthcare, Inc.	Occupation Healthare Administration	
	Receipt For:		-
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.25	* Payroll Deduction: \$19.25 bi-weekly payroll deduction
_	Full Name (Last, First, Middle Initial) Kartik Jayaraman		Date of Pagaint
С.	Mailing Address 20 Savannah		Date of Receipt
			06 20 2014
	City	State Zip Code CA 92620	Transaction ID : C2781199
	Irvine	CA 92620	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	115.50
	Name of Employer	Occupation	1
	Molina Healthcare, Inc.	Healthcare Administrator	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.25	* Payroll Deduction: \$19.25 bi-weekly payroll deduction
S	SUBTOTAL of Receipts This Page (optional)		251.00
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FOR LINE NUMBER: PAGE 22 OF 57 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Kathleen Diane Jones Date of Receipt Mailing Address 2710 Bacon Drive 2014 20 City State Zip Code Transaction ID: C2781237 Peoria IL 61614 Amount of Each Receipt this Period FEC ID number of contributing C 234.00 federal political committee. Name of Employer Occupation Healthcare Administrator Molina Healthcare of IL Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$39.00 bi-weekly payroll deduction 234.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patty Kehoe Date of Receipt Mailing Address 6444 Esther Ave NE 20 06 2014 City State Zip Code Transaction ID: C2781110 NM Albuquerque 87109 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Name of Employer Occupation Molina Healthcare of New Mexico Health Services Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$25.00 bi-weekly payroll deduction 325.00 Other (specify) Full Name (Last, First, Middle Initial) c. Carl T Kidd Date of Receipt Mailing Address 12210 Oyster Cove Court 2014 06 20 City Zip Code State Transaction ID: C2781155 TX Stafford 77477 Amount of Each Receipt this Period FEC ID number of contributing 234.00 С federal political committee. Name of Employer Occupation Healthcare Administrator Molina Healthcare of TX Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$39.00 bi-weekly payroll deduction 507.00 Other (specify) 618.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 OF 57 (check only one) X 11a
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NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) 4. Lillis Ann Koontz		Date of Receipt
Mailing Address 16792 Talisman Lane Apt 219 City	State Zip Code	05 23 2014 Transaction ID : C2780621
Huntington Beach	CA 92649	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	157.84
Name of Employer	Occupation	_
Molina Healthcare, Inc.	Provider payments	

Full Name (Last, First, Middle Initial) Lillis Ann Koontz Mailing Address 16792 Talisman Lane Apt 219 City State CA **Huntington Beach** FEC ID number of contributing federal political committee. Name of Employer Occupation Molina Healthcare, Inc. Provider pa Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$39.46 bi-weekly payroll deduction 434.06 Other (specify) Full Name (Last, First, Middle Initial) B. Ronald D Kurtz Date of Receipt Mailing Address 1776 Kinneloa Canyon road 06 20 2014 City State Zip Code Transaction ID: C2781222 Pasadena CA 91107 Amount of Each Receipt this Period FEC ID number of contributing 258.00 federal political committee. Name of Employer Occupation Molina Healthcare, Inc. attorney Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$43.00bi-weekly payroll deduction 430.00 Other (specify) Full Name (Last, First, Middle Initial) c. Laurel A Lee Date of Receipt Mailing Address 23403 NE 21st St 20 2014 06 City State Zip Code Transaction ID: C2781050 WA Sammamish 98074-4417 Amount of Each Receipt this Period FEC ID number of contributing C 180.00 federal political committee. Name of Employer Occupation Healthcare Administrator Molina Healthcare of WA, Inc Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$30.00 bi-weekly payroll deduction 390.00 Other (specify) 595.84 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) A. Todd Lemmis Mailing Address 136 Cordova Walk		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Long Beach	State Zip Code CA 90803	Transaction ID : C2781175 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Molina Healthcare, Inc. Receipt For: Primary Other (specify)	Occupation Healthcare Administration Aggregate Year-to-Date ▼ 573.00	* Payroll Deduction: \$50.00 bi-weekly payroll deduction
Full Name (Last, First, Middle Initial) B. Thomas Robert Lindquist Mailing Address 1774 Bergenfield Rd		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mount Pleasant	State Zip Code SC 29466	Transaction ID : C2781239 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1170.00
Name of Employer Molina Healthcare of South Carolina Receipt For: Primary General Other (specify)	Occupation Healthcare Administrator Aggregate Year-to-Date ▼ 1170.00	* Payroll Deduction: \$195.00 bi-weekly payroll deduction
Full Name (Last, First, Middle Initial) C. James Loopeker Mailing Address 826 West Bourne Drive		Date of Receipt
City West Hollywood	State Zip Code CA 90069	06 20 2014 Transaction ID : C2781120
FEC ID number of contributing federal political committee.	C 90009	Amount of Each Receipt this Period 115.38
Name of Employer Molina Healthcare of CA Receipt For: □ Primary □ General Other (specify) ▼	Occupation Healthcare Administrator Aggregate Year-to-Date ▼ 249.99	* Payroll Deduction: \$19.23 bi-weekly payroll deduction
SUBTOTAL of Receipts This Page (optional)		1585.38
TOTAL This Period (last page this line number of	only)	

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 OF										
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NAME OF COMMITTEE (In Molina Healthcare,	Full)	, , , ,									
Full Name (Last, First, Mido	dle Initial)			Date	of Recei	ipt					
Mailing Address 6781 Bren	twood Drive			06	M /	·	2014	7			
City Huntington Beach	State CA	Zip Code 92648		Tra	nsaction	ID: C27811 ch Receipt t	73				
FEC ID number of contribu federal political committee.	ting				III OI La	on receipt t	115.5	0			
Name of Employer	Occupa			+							
Molina Healthcare, Inc. Receipt For: Primary Ger Other (specify) ▼		eare Administration gate Year-to-Date ▼	250.25	- * Payr	oll Deduc	etion: \$19.25	oi-weekly pa	yroll deduction			
Full Name (Last, First, Mide B. Karen O. Macdonald	dle Initial)			Date	of Recei	ipt					
Mailing Address 620 Randa	ll Rd			O6		20 / Y	2014				
City Montecito	State CA	Zip Code 93108-2123				ID: C27810 ch Receipt t					
FEC ID number of contribu federal political committee.	ting				7	7	674.00	0			
Name of Employer Molina Healthcare, Inc. Receipt For:	Occupa Chief A	ctuary		_							
	neral Aggreg	gate Year-to-Date ▼	1402.00	* Payroll Deduction: \$114.00 bi-weekly payroll dedu							
Full Name (Last, First, Mide C. Kristine W MacRae				Date	of Recei	ipt					
Mailing Address 3324 E. 1s				06	M /	·	2014	1			
City	State	•		Tra	nsaction	ID : C27811	80				
Long Beach	CA	90803		Amou	unt of Ea	ch Receipt t	nis Period				
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Name of Employer	Occupa	ation		-							
Molina Healthcare, Inc.	Healtho	care Administration									
Receipt For: Primary Ger Other (specify) ▼	Aggreg	gate Year-to-Date ▼	260.00	* Payr	oll Deduc	ction: \$20.00	bi-weekly pa	yroll deduction			
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	FOR LINE NUMBER: PAGE 26 OF 5										
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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Kathie Mancini Date of Receipt Mailing Address 4940 Heath Gate Dr 20 2014 City State Zip Code Transaction ID: C2781093 OH New Albany 43054-9450 Amount of Each Receipt this Period FEC ID number of contributing C 624.00 federal political committee. Name of Employer Occupation Molina Healthcare Healthcare Administration Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$104.00 bi-weekly payroll deduction 1352.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Joseph Mardesich Date of Receipt Mailing Address 1321 Pine Street 06 20 2014 City State Zip Code Transaction ID: C2781258 Santa Monica CA 90405 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Name of Employer Occupation Molina Healthcare Lawyer Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$25.00 bi-weekly payroll deduction 325.00 Other (specify) Full Name (Last, First, Middle Initial) C. Janet L Marino Date of Receipt Mailing Address 7801 Great Divide Lane 20 2014 06 City State Zip Code Transaction ID: C2781150 TX McKinney 75070 Amount of Each Receipt this Period FEC ID number of contributing C 180.00 federal political committee. Name of Employer Occupation Healthcare Services Molina Healthcare of TX Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$30.00 bi-weekly payroll deduction 390.00 Other (specify)

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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Paul D Marti Date of Receipt Mailing Address 207 South Mill Street P.O. Box 464 06 20 2014 City State Zip Code Transaction ID: C2781279 IL Greenup 62428 Amount of Each Receipt this Period FEC ID number of contributing C 115.50 federal political committee. Name of Employer Occupation Molina Healthcare of IL Healthcare Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$19.25 bi-weekly payroll deduction 250.25 Other (specify) Full Name (Last, First, Middle Initial) **B.** Michael Mayers Date of Receipt Mailing Address 8309 Medeiros Wav 06 20 2014 City State Zip Code Transaction ID: C2781070 CA 95829-8164 Sacramento Amount of Each Receipt this Period FEC ID number of contributing 1153.86 federal political committee. Name of Employer Occupation Molina Healthcare, Inc. Policy and Govt Advocacy Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$192.31 bi-weekly payroll deduction 2440.41 Other (specify) Full Name (Last, First, Middle Initial) c. Linda McCoy Date of Receipt Mailing Address 7115 287 Place NW 20 2014 06 City Zip Code State Transaction ID: C2781051 WA Stanwood 98292-4506 Amount of Each Receipt this Period FEC ID number of contributing C 125.04 federal political committee. Name of Employer Occupation Sales Molina Healthcare of WA, Inc

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270.92

Aggregate Year-to-Date ▼

* Payroll Deduction: \$20.84 bi-weekly payroll deduction

Receipt For:

Primary

Other (specify)

General

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\	AME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC														
	ull Name (Last, First, Middle Initial) Deborah Miller		Date of Receipt												
N	failing Address 3622 Petaluma Ave		06 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y												
	ity	State Zip Code	Transaction ID : C2781200												
_	Long Beach	CA 90808	Amount of Each Receipt this Period												
	EC ID number of contributing ederal political committee.	С	120.00												
N	ame of Employer	Occupation	7												
		lealthcare Administration													
R		Aggregate Year-to-Date ▼													
	Primary General Other (specify) ▼	260.00	* Payroll Deduction: \$20.00 bi-weekly payroll deduction												
	ull Name (Last, First, Middle Initial) Rhonda S Mock		Date of Receipt												
N	failing Address 2672 Westview Dr		06 20 2014												
С	ity	State Zip Code	Transaction ID : C2781071												
L	incoln	CA 95648-8279	Amount of Each Receipt this Period												
	EC ID number of contributing ederal political committee.	C	125.04												
	loling Hoolthoore Inc	Occupation Iformation Requested													
R	eceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.92	* Payroll Deduction: \$20.84 bi-weekly payroll dedu												
	ull Name (Last, First, Middle Initial) J Mario Molina		Date of Receipt												
_	failing Address 1311 Chelten Way		06 20 2014												
	ity	State Zip Code	Transaction ID : C2781072												
_	South Pasadena	CA 91030	Amount of Each Receipt this Period												
	EC ID number of contributing ederal political committee.	C	1153.86												
N	ame of Employer	Occupation													
Ν	Molina Healthcare, Inc.	CEO													
R	eceipt For:	Aggregate Year-to-Date ▼													
	Primary General Other (specify) ▼	2424.42	* Payroll Deduction: \$192.31 bi-weekly payroll deduction												
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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) John C Molina Date of Receipt Mailing Address 5668 E Naples Cnl St 06 20 2014 City State Zip Code Transaction ID: C2781073 CA 90803 Long Beach Amount of Each Receipt this Period FEC ID number of contributing C 1153.86 federal political committee. Name of Employer Occupation Healthcare Financing Molina Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$192.31 bi-weekly payroll deduction 2499.97 Other (specify) Full Name (Last, First, Middle Initial) B. Brian P Monsen Date of Receipt Mailing Address 8023 Peregrine PI 06 20 2014 City State Zip Code Transaction ID: C2781074 UT 84094-1603 Sandy Amount of Each Receipt this Period FEC ID number of contributing 115.50 federal political committee. Name of Employer Occupation Molina Healthcare, Inc. Dir, Strategic Planning Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$19.25 bi-weekly payroll deduction 250.25 Other (specify) Full Name (Last, First, Middle Initial) **c.** Liatrice Munnerlyn Date of Receipt Mailing Address 3257 Payday Lane 20 2014 06 City State Zip Code Transaction ID: C2781137 OH Columbus 43232 Amount of Each Receipt this Period FEC ID number of contributing C 125.04 federal political committee. Name of Employer Occupation Health Care Administrator Molina Healthcare of Ohio Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$20.84 bi-weekly payroll deduction 270.92 Other (specify) 1394.40 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) A. Mitchel J Newberry Mailing Address 23203 Cardigan Chase		Date of Receipt
		06 20 2014
City San Antonio	State Zip Code TX 78260	Transaction ID : C2781049
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 120.00
Name of Employer Molina Healthcare of TX, Inc Receipt For:	Occupation Healthcare Administration	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	* Payroll Deduction: \$20.00 bi-weekly payroll deduction
Full Name (Last, First, Middle Initial) 3. Norman Nichols		Date of Receipt
Mailing Address 17716 Eaglewood Drive		06 20 2014
City Roton Bourge	State Zip Code LA 70810	Transaction ID : C2781121
Baton Rouge FEC ID number of contributing federal political committee.	C 70810	Amount of Each Receipt this Period 300.00
Name of Employer Molina Medicaid Solutions	Occupation IT	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	* Payroll Deduction: \$50.00 bi-weekly payroll deduction
Full Name (Last, First, Middle Initial) C. James Novello		Date of Receipt
Mailing Address 405 Castilian Way		06 20 2014
City San Mateo	State Zip Code CA 94402-2327	Transaction ID : C2781075 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.04
Name of Employer Molina Healthcare of California, Inc.	Occupation Attorney	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.92	* Payroll Deduction: \$20.84 bi-weekly payroll deduction
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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Christopher Raymond Otley Date of Receipt Mailing Address 431 Upshire Circle 20 2014 City Zip Code State Transaction ID: C2781241 MD 20878 Gaithersburg Amount of Each Receipt this Period FEC ID number of contributing C 234.00 federal political committee. Name of Employer Occupation Molina Healthcare Healthcare Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$39.00 bi-weekly payroll deduction 234.00 Other (specify) Full Name (Last, First, Middle Initial) B. Domenico K Pagone Date of Receipt Mailing Address 13412 Montecito 06 20 2014 City State Zip Code Transaction ID: C2781216 CA 92782-8802 Tustin Amount of Each Receipt this Period FEC ID number of contributing 125.04 federal political committee. Name of Employer Occupation Molina Healthcare, Inc. **Dir Provider Contracts** Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$20.84 bi-weekly payroll deduction 270.92 Other (specify) Full Name (Last, First, Middle Initial) c. Taft Parsons Date of Receipt Mailing Address 995 Henley St 20 2014 06 City State Zip Code Transaction ID: C2781210 MI Birmingham 48009-5611 Amount of Each Receipt this Period FEC ID number of contributing C 125.04 federal political committee. Name of Employer Occupation Healthcare Administration Molina Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$20.84 bi-weekly payroll deduction 270.92 Other (specify)

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NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC												
Full Name (Last, First, Middle Initial) David Pingree Mailing Address 8711 Shawnee Street				Date of Receipt M M M / D D / Y T Y T Y T Y T Y T Y T Y T Y T Y T Y								
City Philadelphia	·											
FEC ID number of contributing federal political committee.	CC ID number of contributing											
Name of Employer Molina Healthcare, Inc. Receipt For: □ Primary □ General Other (specify) ▼	administration Year-to-Date ▼ 1352.00]	Payroll	Dec	duction:	\$104.00) bi-wee	ekly p	ayroll deduction			
Full Name (Last, First, Middle Initial) B. David Pollack Mailing Address 10952 Pine Lodge Trail		Date of	f Re	ceipt) / Y	Y	Y	1				
City Davie FEC ID number of contributing	Davie FL 33328									0		
federal political committee. Name of Employer Molina Healthcare of FL Receipt For: Primary General Other (specify) ▼	federal political committee. Name of Employer Molina Healthcare of FL Receipt For: Primary General Occupation Information Requested Aggregate Year-to-Date ▼									yroll deduction		
Full Name (Last, First, Middle Initial) C. Kenneth Preede Mailing Address 13505 Point Pleasant Drive				Date of		ceipt		2014	у Т ү	 1		
City Chantilly	State VA	Zip Code 20151	Transaction ID : C2781107 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	ÿ									0		
Name of Employer Molina Healthcare Receipt For: Primary General Other (specify) ▼]	[*] Payroll	Dec	duction:	\$30.00b	oi-week	dy pay	yroll deduction				
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Any information copied from such Reports and	Statements may not be sold or used by any pe	rson for the purpose of soliciting contributions						
or for commercial purposes, other than using the	ne name and address of any political committee	to solicit contributions from such committee.						
Molina Healthcare, Inc. PAC								
Full Name (Last, First, Middle Initial) A. Ashley Marie Prentice		Date of Receipt						
Mailing Address 1516 S. Wabash Ave., Unit	203	06 20 2014						
City	State Zip Code	Transaction ID : C2781205						
Chicago	IL 60605	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	115.50						
Name of Employer	Occupation							
Molina Healthcare of NM	Healthcare Administration							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.25	* Payroll Deduction: \$19.25 bi-weekly payroll deduction						
Full Name (Last, First, Middle Initial) B. John Puente		Date of Receipt						
Mailing Address 5 Silmark Ct	Mailing Address 5 Silmark Ct							
City	State Zip Code	Transaction ID : C2781077						
Sacramento	CA 95831-4823	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	472.00						
Name of Employer	Occupation							
Molina Healthcare, Inc.	Regulatory Affairs							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 766.00	* Payroll Deduction: \$97.00 bi-weekly payroll deduction						
Full Name (Last, First, Middle Initial) C. Michelle R Roan		Date of Receipt						
Mailing Address P.O. Box 111, 301 Jefferson) St	06 20 2014						
City Toledo	State Zip Code IL 62468	Transaction ID : C2781147 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	125.04						
Name of Employer	Occupation							
Molina Healthcare of IL Receipt For:	Healthcare Administration							
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.92	* Payroll Deduction: \$20.84 bi-weekly payroll deduction						
SUBTOTAL of Receipts This Page (optional)	•	712.54						
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FOR LINE NUMBER: PAGE 34 OF 57

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
	nd Statements may not be sold or used by any pe	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) A. Robert L Robison		Date of Receipt
Mailing Address 3061 Waukeegan Ave		06 20 2014
City	State Zip Code	Transaction ID : C2781106
Lewis Center	OH 43235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	
Molina Healthcare Oh	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	* Payroll Deduction: \$25.00 bi-weekly payroll deduction
Full Name (Last, First, Middle Initial) B. Anne Rote		Date of Receipt
Mailing Address 5519 Purdue		06 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C2781167
Dallas	TX 75209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	240.00
Name of Employer	Occupation	
Molina Healthcare of TX Receipt For:	Healthcare Administrator	
Primary General	Aggregate Year-to-Date ▼	* Payroll Deduction: \$40.00 bi-weekly payroll deduction
Other (specify) ▼	520.00	Payroli Deduction. \$40.00 bi-weekiy payroli deduction
Full Name (Last, First, Middle Initial) C. Lisa A Rubino	·	Date of Receipt
Mailing Address 19415 Ironwood Ln		06 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Huntington Beach	State Zip Code CA 92648-5566	Transaction ID : C2781253
	52040-3300	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Molina Healthcare of CA, Inc Receipt For:	Healthcare Administration	_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	* Payroll Deduction: \$50.00 bi-weekly payroll deduction
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not be sold or used by any person for the purpose of soliciting contributions dress of any political committee to solicit contributions from such committee.											

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Holly Saelens Bartleson Date of Receipt Mailing Address 5049 Ederton PI 20 2014 City State Zip Code Transaction ID: C2781273 OH 43054-9460 New Albany Amount of Each Receipt this Period FEC ID number of contributing C 125.04 federal political committee. Name of Employer Occupation Molina Healthcare of OH Healthcare Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$20.84 bi-weekly payroll deduction 270.92 Other (specify) Full Name (Last, First, Middle Initial) B. Diane Melinda Sanchez Date of Receipt Mailing Address 1078 Bernalito Ct 06 20 2014 City State Zip Code Transaction ID: C2781046 Bernalillo NM 87004-6261 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Name of Employer Occupation Molina Healthcare of CA, Inc **SMO Operations** duction

Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	* Payroll Deduction: \$25.00 bi-weekly payroll deduction
Full Name (Last, First, Middle Initial) C. Richard Sanchez Mailing Address 4901 N Avenida de Franelu	h	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Tucson FEC ID number of contributing federal political committee.	State Zip Code AZ 85749	Transaction ID : C2781212 Amount of Each Receipt this Period 126.00
Name of Employer Molina Healthcare Inc Receipt For: Primary General Other (specify)	Occupation Medical Officer Aggregate Year-to-Date ▼ 273.00	* Payroll Deduction: \$21.00 bi-weekly payroll deduction

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not be sold or used by any person for the purpose of soliciting contributions											

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Zarina Shockley-Sparling Date of Receipt Mailing Address 14221 Fontana St 20 2014 City State Zip Code Transaction ID: C2781079 KS Leawood 66224-1154 Amount of Each Receipt this Period FEC ID number of contributing C 230.76 federal political committee. Name of Employer Occupation Regional VP Molina Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$38.46 bi-weekly payroll deduction 499.98 Other (specify) Full Name (Last, First, Middle Initial) B. Michael M Siegel Date of Receipt Mailing Address 2008 Glencoe Ave 06 20 2014 City State Zip Code Transaction ID: C2781080 CA 90291-4007 Venice Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Molina Healthcare, Inc. **Medical Director** Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$50.00 bi-weekly payroll deduction 650.00 Other (specify) Full Name (Last, First, Middle Initial) c. Cameron McLean Smyth Date of Receipt Mailing Address 24802 Cerezo Court 20 2014 06 City State Zip Code Transaction ID: C2781129 CA Santa Clarita 91321 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation Government Relations Molina Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$50.00 bi-weekly payroll deduction 650.00 Other (specify) 830.76 SUBTOTAL of Receipts This Page (optional).....

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		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) L Doug Springmeyer		Date of Receipt
Mailing Address 8912 S Shady Meadow	Dr	06 20 2014
City Sandy	State Zip Code UT 84093-7002	Transaction ID : C2781264 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	520.00
Name of Employer Molina Healthcare of Utah	Occupation Health Care Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00	* Payroll Deduction: \$60.00 bi-weekly payroll ded
Full Name (Last, First, Middle Initial) Thomas M. Standring		Date of Receipt
Mailing Address 148 S. Country Club Roa	ad	06 20 2014
City Glendora	State Zip Code CA 91741	Transaction ID : C2781295 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Molina Healthcare Inc	Occupation Healthcare Administration	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	* Payroll Deduction: \$25.00 bi-weekly payroll ded
Full Name (Last, First, Middle Initial) Tabitha F Stokes	•	Date of Receipt
Mailing Address 5106 W Pleasant Ridge		06 20 / 2014
City Arlington	State Zip Code TX 76016	Transaction ID : C2781350 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer	Occupation	
Molina Healthcare, Inc. Receipt For:	Healthcare Administration Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	325.00	* Payroll Deduction: \$25.00 bi-weekly payroll ded

820.00

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 38 OF 57 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Kimberly J. Sweers-Parker Date of Receipt Mailing Address 2109 W Summerland St 2014 06 20 City Zip Code State Transaction ID: C2781250 CA Rancho Palos Verdes 90275-1328 Amount of Each Receipt this Period FEC ID number of contributing C 461.52 federal political committee. Name of Employer Occupation Healthcare Administration Molina Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$76.92 bi-weekly payroll deduction 999.96 Other (specify) Full Name (Last, First, Middle Initial) B. Mary Syiek Date of Receipt Mailing Address 6662 Gate Hill Circle 20 06 2014 City State Zip Code Transaction ID: C2781122 CA **Huntington Beach** 92648 Amount of Each Receipt this Period FEC ID number of contributing 872.00 federal political committee. Name of Employer Occupation Molina Healthcare, Inc. Healthcare Administration Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$50.00 bi-weekly payroll deduction 1222.00 Other (specify) Full Name (Last, First, Middle Initial) c. Luis A Sylvester Date of Receipt Mailing Address P.O. Box 307481 06 20 2014 City Zip Code State Transaction ID: C2781275 St Thomas V١ 00803 Amount of Each Receipt this Period FEC ID number of contributing 234.00 С federal political committee. Name of Employer Occupation Healthcare Administration Molina Medicaid Solutions Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$39.00 bi-weekly payroll deduction 507.00 Other (specify) 1567.52 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) John Tanner Date of Receipt Mailing Address 144 S. Calle Grande 20 2014 City State Zip Code Transaction ID: C2781174 CA 92869 Orange Amount of Each Receipt this Period FEC ID number of contributing C 120.00 federal political committee. Name of Employer Occupation Healthcare Administration Molina Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$20.00 bi-weekly payroll deduction 260.00 Other (specify) Full Name (Last, First, Middle Initial) B. Amy Tenhouse Date of Receipt Mailing Address 628 S. Taylor Street 06 20 2014 City State Zip Code Transaction ID: C2781103 VA Arlington 22204 Amount of Each Receipt this Period FEC ID number of contributing 252.00 federal political committee. Name of Employer Occupation Molina Healthcare Inc Government Relations Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$42.00 bi-weekly payroll deduction 546.00 Other (specify) Full Name (Last, First, Middle Initial) c. Richard L Tompkins Date of Receipt Mailing Address 35465 Shade Tree Road 20 2014 06 City State Zip Code Transaction ID: C2781164 CA Yucaipa 92399 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Name of Employer Occupation Healthcare Administrator Molina Healthcare of CA Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$25.00 bi-weekly payroll deduction 325.00 Other (specify) 522.00 SUBTOTAL of Receipts This Page (optional).....

FEC Schedule A (Form 3X) Rev. 02/2003

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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\setminus	NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC		
Α.	Full Name (Last, First, Middle Initial) Michelle Tranquilli		Date of Receipt
	Mailing Address 1221 Michigan Court		06 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Alexandria	State Zip Code VA 22314	Transaction ID : C2781125 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	234.00
	Name of Employer Molina Healthcare, Inc.	Occupation Government Administration	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 339.00	* Payroll Deduction: \$39.00 bi-weekly payroll deduction
В.	Full Name (Last, First, Middle Initial) Chad Westover Mailing Address 9075 Canyon Gate Circle		Date of Receipt
	City	State Zip Code	06 20 2014 Transaction ID : C2781143
	FEC ID number of contributing federal political committee.	UT 84093	Amount of Each Receipt this Period 540.00
	Name of Employer Molina Healthcare of UT	Occupation Healthcare Administrator	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 890.00	* Payroll Deduction: \$50.00 bi-weekly payroll deduction
— С.	Full Name (Last, First, Middle Initial) Joseph W. White		Date of Receipt
	Mailing Address 3521 Loma View Dr		06 20 2014
	City Altadena	State Zip Code CA 91001-3938	Transaction ID : C2781083 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1153.86
	Name of Employer Molina Healthcare, Inc. Receipt For: Primary Other (specify)	Occupation Healthcare Finance Aggregate Year-to-Date ▼ 2500.03	* Payroll Deduction: \$192.31 bi-weekly payroll deduction
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Joann Zarza-Garrido Date of Receipt Mailing Address 9550 Westbourne Ct 04 30 2014 City State Zip Code Transaction ID: C2731455 CA 90630-2760 Cypress Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Compliance Molina Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 890.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joann Zarza-Garrido Date of Receipt Mailing Address 9550 Westbourne Ct 20 2014 06 City State Zip Code Transaction ID: C2781084 CA 90630-2760 Cypress Amount of Each Receipt this Period FEC ID number of contributing 234.00 federal political committee. Name of Employer Occupation Molina Healthcare, Inc. Compliance Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$39.00 bi-weekly payroll deduction 890.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 734.00 SUBTOTAL of Receipts This Page (optional)..... 42812.36 TOTAL This Period (last page this line number only).....

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	NAME OF COMMITTEE (In Full)													
	Molina Healthcare, Inc. PAC													
_	Full Name (Last, First, Middle Initial)													
Α.	EastWestBank						Date		sburse			Y	Υ	
	Mailing Address 23737 Hawthorne Blvd						06		0	2	L	2014		I
	City	State	Zip Code				Tran	sact	ion ID	· D	159817			
	Torrance	CA	90505				i i a i i	Jaci	1011 11		155017			
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	Office Sought: House Disbursen	nent For:	l		.) -				,					
	Senate	Primary	General											
		Other (spec	cify) 🔻											
_	State: District:													
Р	Full Name (Last, First, Middle Initial)						Data	-t D:	_		-1			
B.	EastWestBank						Date of							
	Mailing Address 23737 Hawthorne Blvd						05	/)2	/ Y	2014	Y	
	City 5	State	Zip Code				Tran	eact	ion ID		159818			
		CA	90505				IIaii	Saci	םו ווטו.		133010			
	Purpose of Disbursement bank fees						Amou	nt of	Each	Dis	burseme	ent this	Perio	od
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					Type			_	7	_	7		6.00	
	Office Sought: House Disbursen													
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	Full Name (Last, First, Middle Initial)													
C.	EastWestBank						Date of	of Di	sburse	mer	nt			
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	Mailing Address 23737 Hawthorne Blvd						04	-	0	2		2014	-	
		State	Zip Code				Tran	sact	ion ID	: D	159820			
	Torrance Purpose of Disbursement	CA	90505											
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	Candidate Name				ategor Type	y/	Amou	IL OI	Each	DISI	burseme		5.00	Ju
	Office Sought: House Disbursen	nent For:			.,,,,				,		7			
	Senate	Primary	General											
	President	Other (spec	cify) 🔻											
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SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 43 OF 57
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	
	for each category of the Detailed Summary Page	21b	22 🗶 23 24 25 26
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Any information copied from such Reports and State			
or for commercial purposes, other than using the na	me and address of any politic	al committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Molina Healthcare, Inc. PAC			
/			
Full Name (Last, First, Middle Initial)			
A. Friends of Michelle			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P.O. Box 25422			06 10 2014
City	State Zip Code		
Albuquerque	NM 87125		Transaction ID: D159297
Purpose of Disbursement	07120		
support re-elect			Amount of Each Disbursement this Period
Candidate Name		Cotogogy	
Rep. Michelle Lujan Grisham		Category/ Type	2500.00
	ement For: 2014		, ,
Senate	Primary X General		
President	Other (specify)		
State: NM District: 01			
Full Name (Last, First, Middle Initial)			
B. Garamendi for Congress			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 1050 17th St, NW			06 12 2014
Suite 590			
City	State Zip Code		Transaction ID : D159279
Washington	DC 20037		
Purpose of Disbursement support re elect			Amount of Each Dishursement this Period
support re elect			Amount of Each Disbursement this Period
support re elect Candidate Name		Category/	Amount of Each Disbursement this Period
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support re elect Candidate Name John Garamendi Office Sought: House Senate President State: CA District: 10 Full Name (Last, First, Middle Initial)	Primary		Date of Disbursement
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support re elect Candidate Name John Garamendi Office Sought: House Senate President State: CA District: 10	Primary		Date of Disbursement M M / D D / Y Y Y Y Y Transaction ID : D159827
support re elect Candidate Name John Garamendi Office Sought: House Senate President State: CA District: 10 Full Name (Last, First, Middle Initial) C. FRIENDS OF JOE PITTS Mailing Address PO BOX 775 City Unionville Purpose of Disbursement support re elect	Primary	Type	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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support re elect Candidate Name John Garamendi Office Sought: Senate President State: CA District: 10 Full Name (Last, First, Middle Initial) C. FRIENDS OF JOE PITTS Mailing Address PO BOX 775 City Unionville Purpose of Disbursement support re elect Candidate Name Joe Pitts	Primary	Type	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Support re elect Candidate Name John Garamendi Office Sought: Younge Disburse	Primary	Type Category/	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Support re elect Candidate Name John Garamendi Office Sought: Senate President State: CA District: 10 Full Name (Last, First, Middle Initial) C. FRIENDS OF JOE PITTS Mailing Address PO BOX 775 City Unionville Purpose of Disbursement support re elect Candidate Name Joe Pitts Office Sought: House Senate President Disburse Senate President	Primary	Type Category/	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Support re elect Candidate Name John Garamendi Office Sought: Senate President State: CA District: 10 Full Name (Last, First, Middle Initial) C. FRIENDS OF JOE PITTS Mailing Address PO BOX 775 City Unionville Purpose of Disbursement support re elect Candidate Name Joe Pitts Office Sought: House Senate President Disburse Senate President	Primary	Type Category/	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Support re elect Candidate Name John Garamendi Office Sought: Younge President	Other (specify) ▼ State Zip Code PA 19375 ement For: 2014 Primary General Other (specify) ▼	Category/ Type	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Support re elect Candidate Name John Garamendi Office Sought: Senate President State: CA District: 10 Full Name (Last, First, Middle Initial) C. FRIENDS OF JOE PITTS Mailing Address PO BOX 775 City Unionville Purpose of Disbursement support re elect Candidate Name Joe Pitts Office Sought: House Senate President Disburse Senate President	Other (specify) ▼ State Zip Code PA 19375 ement For: 2014 Primary General Other (specify) ▼	Category/ Type	Date of Disbursement M M / D D / Y Y Y Y Y Transaction ID : D159827 Amount of Each Disbursement this Period 1000.00

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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 44 OF 57
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b	22 🗙 23	24 25 26
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NAME OF COMMITTEE (In Full)	::) } :::::::			
Molina Healthcare, Inc. PAC				
/				
Full Name (Last, First, Middle Initial)			Data of Dist	
A. MIKE THOMPSON FOR CONGRE	:SS		Date of Disburseme	
Mailing Address 5429 Madison Avenue			05 05	2014
,	State Zip Code		Transaction ID : [0159824
Sacramento	CA 95841		Transaction is . I	7100024
Purpose of Disbursement support re elect			Amount of Each Di	sbursement this Period
Candidate Name		Category		
Mike Thompson		Category/ Type		2000.00
Office Sought: House Disburser	nent For: 2014			
	Primary General			
President	Other (specify) ▼			
State: CA District: 01				
Full Name (Last, First, Middle Initial) B. ALAN LOWENTHAL FOR CONGR	ECC		Date of Disburseme	⊇nt
5. ALAN LOWENTHAL FOR CONGR	LESS		M M / D D	/
Mailing Address 6380 WILSHIRE BLVD., #1612			06 27	2014
City S LOS ANGELES	State Zip Code CA 90048		Transaction ID : I	D159811
Purpose of Disbursement	90046			
support re elect			Amount of Each Di	sbursement this Period
Candidate Name		Category/		4000.00
Rep. Alan Lowenthal		Type		1000.00
	nent For: 2014			
Senate President	Primary			
State: CA District: 47	Other (specify)			
Full Name (Last, First, Middle Initial)				
C. JOHNSON FOR CONGRESS			Date of Disburseme	ent
			M M / D D	/ Y Y Y Y Y
Mailing Address P.O. BOX 14496			06 10	2014
City	State Zip Code			
	OH 44514		Transaction ID: I	D159299
Purpose of Disbursement				
support re-elect		L II	Amount of Each Di	sbursement this Period
Candidate Name		Category/		1000.00
Rep. Bill Johnson Office Sought:		Туре		1000.00
Office Sought: House Disburser Senate	nent For: 2014 Primary X General			
President	Other (specify)			
State: OH District: 06	(cpcc) V			
SUBTOTAL of Disbursements This Page (optional)				4000.00
TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X)	11	anala select ()	FOR LINE	NUMBER:		PAGE	45 O	F 57
ITEMIZED DISBURSEMENTS		parate schedule(s) a category of the	(oricon oriny		.			
		Summary Page	21b 27	22 28a	23 28b	24 28c	25 29	30
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NAME OF COMMITTEE (In Full)		3 9 5 1111						-
Molina Healthcare, Inc. PAC								
Full Name (Last, First, Middle Initial)								
A. WENSTRUP FOR CONGRESS				Date of	Disburse		YIYI	Y
Mailing Address PO BOX 9551				06	2	7	2014	
City	State OH	Zip Code		Trans	action ID	: D159804		
CINCINNATI Purpose of Disbursement	ОП	45209						
support re elect				Amount	of Each	Disburseme	nt this P	eriod
Candidate Name			Category/				1000.	.00
Rep. Brad Wenstrup Office Sought: House Disburse	ment For:	2014	Туре		,	7		_
Senate President	Primary Other (spe	X General						
State: OH District: 02								
Full Name (Last, First, Middle Initial)								
B. CATHY MCMORRIS RODGERS	FOR CO	ONGRESS		Date of	Disburse		Y	Υ
Mailing Address Box 137				05		4	2014	
City	State	Zip Code		Trans	action ID	: D159833		
Spokane	WA	99210						
Purpose of Disbursement support re elect				Amount	of Each	Disburseme	nt this P	eriod
Candidate Name			Category/				1000.	00
Rep. Cathy McMorris Rodgers			Туре		- 7	7	1000.	.00
	ement For: Primary Other (spe	General						
Full Name (Last, First, Middle Initial)								
C. FRIENDS OF DAVE JOYCE				Date of	Disburse	ement		
Mailing Address 320 KENARDEN DRIVE				04	2	9 / Y	2014	Y
City	State	Zip Code		Trans	action ID	: D159838		
CLEVELAND	ОН	44143		iiaiis	action iD	. סנספנוע		
Purpose of Disbursement support re elect			· · · ·			5		
Candidate Name			البيا	Amount	of Each	Disburseme	nt this P	eriod
Rep. David Joyce			Category/ Type				1000.	00
Office Sought: House Senate President Disburse	ement For: Primary Other (spe	General	- 78-0		-	7		
State: OH District: 14								
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NAME OF COMMITTEE (In Full)			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
Molina Healthcare, Inc. PAC							
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Full Name (Last, First, Middle Initial)							
A. MATSUI FOR CONGRESS			Date of Disbursement				
Mailing Address DO DOV 4729			M M / D D / Y Y Y Y Y				
Mailing Address PO BOX 1738			06 27 2014				
City	State Zip Code		Transaction ID - D450040				
SACRAMENTO	CA 95812		Transaction ID : D159813				
Purpose of Disbursement							
support re elect			Amount of Each Disbursement this Period				
Candidate Name		Category/	4000.00				
Rep. Doris Matsui Office Sought: House Disburse	ment For: 2014	Туре					
Senate Dispulse	Primary Seneral						
President	Other (specify)						
State: CA District: 05	· · · · · · · · · · · · · · · · · · ·						
Full Name (Last, First, Middle Initial)							
B. MATSUI FOR CONGRESS			Date of Disbursement				
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Mailing Address PO BOX 1738			06 10 2014				
City	Ctoto 7:n Codo						
SACRAMENTO	State Zip Code CA 95812		Transaction ID : D159277				
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support re elect			Amount of Each Disbursement this Period				
Candidate Name		Category/	4000.00				
Rep. Doris Matsui	_	Type	1000.00				
	ment For: 2014						
Senate President	Primary General						
State: CA District: 05	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
C. DUNCAN D. HUNTER FOR CONC	GRESS		Date of Disbursement				
			M M / D D / Y Y Y Y				
Mailing Address P.O. BOX 1545			05 14 2014				
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City	State Zip Code		Transaction ID : D159832				
EL CAJON Purpose of Disbursement	CA 92022						
support re elect			Amount of Each Disbursement this Period				
Candidate Name		Category/	Amount of Lacif Dispulsement this Penod				
Rep. Duncan Hunter		Type	1000.00				
	ment For: 2014	`					
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President	Other (specify) ▼						
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SCHEDULE B (FEC Form 3X)	11		FOR LINE	NUMBER:		PAG	E 47 (OF 5
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	ne and ad	uress or arry politi	cai committee to	SUIICIT COI	ini ibuliONS	s ironi such	COMMINIC	ice.
NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC								
Molina Healthcare, Inc. PAC								
Full Name (Last, First, Middle Initial)				<u> </u>				
L. UPTON FOR ALL OF US					f Disburse		V	
Mailing Address P.O. Box 490				06	1	0 7	2014	Y
,	State	Zip Code		Trans	action ID	: D159287		
St. Joseph	MI	49085		mans	action ib	. D133201		
Purpose of Disbursement support re-elect				Amoun	t of Each	Disbursem	ent this	Period
Candidate Name			Category/				2500	0.00
Rep. Fred Upton			Type		- 7	7	2500	0.00
	ment For: Primary	2014 General						
President President	Other (sp	ecify) 🔻						
State: MI District: 06								
Full Name (Last, First, Middle Initial) NAI DEN FOR CONGRESS				Date of	f Disburse	ment		
3. WALDEN FOR CONGRESS				M M	/ D		Y	V
Mailing Address PO Box 1091				06		0	2014	
,	State	Zip Code		Trans	action ID	: D159291		
Hood River Purpose of Disbursement	OR	97031						
support re elect				Amount	t of Each	Disbursem	ent this	Period
Candidate Name			Category/					
Rep. Greg Walden			Type		-,	7	200	0.00
	ment For:							
	Primary	General						
State: OR District: 02	Other (sp	ecity) 🔻						
Full Name (Last, First, Middle Initial)								
ROS-LEHTINEN FOR CONGRES	S			Date of	f Disburse	ement		
Mailing Address PO BOX 522784				05	/ D 1	4 Y	2014	Υ
City	State	Zip Code				B45000		
MIAMI	FL	33152		Trans	action ID	: D159834		
Purpose of Disbursement								
support re elect				Amount	t of Each	Disbursem	ent this	Period
Candidate Name			Category/				1000	0.00
Rep. Ileana Ros-Lehtinen Office Sought:	ment For:	2014	Туре			7		
Senate Dispulse	Primary	General						
President	Other (sp							
State: FL District: 27	(-P	→						
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or for commercial purposes, other than using the name	e and address of	any politica	committee to	solicit con	tributions	trom such of	committe	e.
NAME OF COMMITTEE (In Full)								
Molina Healthcare, Inc. PAC								
Full Name (Last, First, Middle Initial)				Dei 1	Dist.			
A. JANICE HAHN FOR CONGRESS				Date of	Disburse		Y	v
Mailing Address 1379 PARK WESTERN DRIVE				05	14		2014	
	State Zip (Trans	action ID	: D159831		
SAN PEDRO Purpose of Disbursement	CA 9073	32		Halls	action ib	. D139031		
support re elect				Amount	of Each	Disburseme	nt this Pe	eriod
Candidate Name		"	Category/				1000 (00
Rep. Janice Hahn			Туре				1000.0	JU
	nent For: 2014 Primary	General						
President	Other (specify)							
State: CA District: 44	- (-1)/	•						
Full Name (Last, First, Middle Initial)								
B. JOE GARCIA FOR CONGRESS				Date of	Disburse	ment		
Mailing Address DO DOV 2007				M M	/ D		Y Y Y	Y
Mailing Address PO BOX 330871				05	14	+	2014	_
,	State Zip (FL 332			Trans	action ID	: D159285		
MIAMI Purpose of Disbursement	3323	აა _						
support re-elect				Amount	of Each	Disburseme	nt this Pe	eriod
Candidate Name		"	Category/				1000.0	00
Rep. Joe Garcia			Туре		-		1000.	00
	nent For: 2014	General						
President	Primary Other (specify)	General						
State: FL District: 26	(opcomy)							
Full Name (Last, First, Middle Initial)					5			
C. CONGRESSMAN JOE BARTON C	OMMITTEE	, THE			Disburse			
Mailing Address P.O. Box 1444				06	10		2014	Ý
City	State Zip (Code		T	notion ID	. D450200		
Ennis	TX 7512			ırans	action ID	: D159290		
Purpose of Disbursement support re-elect								
Candidate Name		l		Amount	of Each	Disburseme	nt this Pe	eriod
Rep. Joe L. Barton			Category/ Type				1000.0	00
•	nent For: 2014	I			7	,		
	,	General						
President	Other (specify)	7						
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	Detailed Summary Page		22 X 23 24 25 26 28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full)	7.1		
Molina Healthcare, Inc. PAC			
/			
Full Name (Last, First, Middle Initial)			
^{A.} Friends of Juan Vargas			Date of Disbursement
Mailing Address 330 Encinitas Blvd			06 27 2014
Ste 101			06 27 2014
	State Zip Code		
Encinitas	CA 92024-8705	5	Transaction ID : D159815
Purpose of Disbursement			
support re elect		_	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Juan Vargas Office Sought: House Disburser	ment For: 2014	Туре	
Senate Sought.	Primary Seneral	al	
President	Other (specify) ▼	~·	
State: CA District: 51	· · · · · · · · · · · · · · · · · · ·		
Full Name (Last, First, Middle Initial)			
B. MARIO DIAZ-BALART FOR CON	GRESS		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 8770 SW 72ND STREET			06 10 2014
City	State Zip Code		
MIAMI	FL 33173		Transaction ID : D159278
Purpose of Disbursement			
support re-elect			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Mario Diaz-Balart	The second secon	Category/ Type	1000.00
Rep. Mario Diaz-Balart Office Sought: House Disburser	ment For: 2014	Type	1000.00
Rep. Mario Diaz-Balart Office Sought: House Senate Disburser	Primary Genera	Type	1000.00
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Rep. Mario Diaz-Balart Office Sought: House Senate President State: FL District: 25 Full Name (Last, First, Middle Initial) C. MARK POCAN FOR CONGRESS Mailing Address PO BOX 327	Primary Genera	Type	Date of Disbursement
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SUGAR LAND Purpose of Disbursement	TX 77496							
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NAME OF COMMITTEE (In Full)				
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A. RENEE ELLMERS FOR CONGRE	SS COMMITTEE		Date of Disbursement	
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B. DELBENE FOR CONGRESS			M M / D D / Y Y Y Y	
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C. TOM REED FOR CONGRESS			Date of Disbursement	
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City S GENEVA	NY 14456		Transaction ID : D159283	
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Molina Healthcare, Inc. PAC									
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A. BECERRA FOR CONGRESS				Date of	f Disburse		N Y Y	- 17	ı
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NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC			
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Full Name (Last, First, Middle Initial) B. Ted Lieu for Congress Mailing Address 6380 Wilshire Blvd Ste 1612			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Full Name (Last, First, Middle Initial) C. TIBERI FOR CONGRESS			Date of Disbursement
Mailing Address 2931 E Dublin Granville Road			05 05 2014
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMINTTEE (in Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) A RIBBLE FOR CONGRESS Mailing Address PO BOX 7200 City State Zip Code APPLETON WI 54912 Purpose of Disbursement support elect Candidate Name Reid Ribble Office Sought: Mailing Address PO Box 26502 City City State: VI District: Mailing Address PO Box 26502 City Crity State: VI District: Mailing Address PO Box 26502 City Crity State: VI District: Mailing Address PO Box 368 Disbursement Support election Cardidate Name Del. Stacesy Plaskett District: Mailing Address PO Box 368 Category' Transaction ID: D159826 Amount of Each Disbursement this Period Category' Transaction ID: D159826 Amount of Each Disbursement this Period Category' Transaction ID: D159826 Transaction ID: D159826 Amount of Each Disbursement this Period Category' Transaction ID: D159826 Transaction ID: D159826 Amount of Each Disbursement this Period Category' Transaction ID: D159826 Transaction ID: D159826 Amount of Each Disbursement this Period Category' Transaction ID: D159826 Transa									3
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Senate President Other (specify) Full Name (Last, First, Middle Initial) Wi Alliance of Health Insurers PAC Mailing Address PO Box 308 City State Zip Code Madison WI 53701-0308 Purpose of Disbursement support independent PAC Candidate Name Category/ Type Office Sought: House Primary General Other (specify) State: District: Subtotal Amount of Each Disbursement this Period Other (specify) State: District: Subtotal Other (specify) State: District: Subtotal Other (specify) 3111.00						-		100	0.00
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State: VI District: 00 Full Name (Last, First, Middle Initial) Wi Alliance of Health Insurers PAC Mailing Address PO Box 308 City State Zip Code Madison WI 53701-0308 Purpose of Disbursement support independent PAC Candidate Name Category/ Type Office Sought: House President President President State: District: SUBTOTAL of Disbursements This Page (optional)		-							
Full Name (Last, First, Middle Initial) Wi Alliance of Health Insurers PAC Mailing Address PO Box 308 City State Zip Code Madison WI 53701-0308 Purpose of Disbursement support independent PAC Candidate Name Category/ Type Office Sought: House Primary General Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)		Other (spec	ally) ▼						
Mailing Address PO Box 308 City State Zip Code Madison WI 53701-0308 Purpose of Disbursement support independent PAC Candidate Name Category/ Type Office Sought: House Senate Primary General Primary General Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)									
Mailing Address PO Box 308 City State Zip Code Madison WI 53701-0308 Purpose of Disbursement support independent PAC Candidate Name Category/ Type Office Sought: House Primary General Other (specify) ▼ Subtotal of Disbursements This Page (optional) ■ Subtotal of Disbursements This Page (optional) ■ 12 2014 Transaction ID : D153501 Amount of Each Disbursement this Period Category/ Type 1111.00 3111.00	C. Wi Alliance of Health Insurers PAC				Date of	Disburse	ement		
City State Zip Code Madison WI 53701-0308 Purpose of Disbursement support independent PAC Candidate Name Category/ Type Office Sought: House Primary General President President Other (specify) State: District: Subtotal of Disbursements This Page (optional)	Mailing Address PO Roy 209								Y
Madison Purpose of Disbursement support independent PAC Candidate Name Category/ Type Office Sought: House Senate President President State: District: Substruct: Substruct: Primary General Other (specify) State: Disbursements This Page (optional)	Mailing Address FO BOX 300				- 00			2014	
Purpose of Disbursement support independent PAC Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Subtrotal of Disbursements This Page (optional)			•		Trans	action ID	: D153501		
support independent PAC Candidate Name Category/ Type Amount of Each Disbursement this Period Category/ Type 1111.00 Office Sought: House Senate Primary General Other (specify) ▼ State: District: Subtrotal of Disbursements This Page (optional)	***************************************	VVI	53/01-0308						
Candidate Name Category/ Type 1111.00 Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ SUBTOTAL of Disbursements This Page (optional)					Amount	of Each	Disbursem	ent this	Period
Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	Candidate Name			Category/					
Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	000							111	1.00
State: District: Other (specify) SUBTOTAL of Disbursements This Page (optional)			General						
State: District: SUBTOTAL of Disbursements This Page (optional)		•							
A0914 00		(-	<i>→</i>						
A0914 00	<u>'</u>							-	-
40911 00	SUBTOTAL of Disbursements This Page (optional)			·····•			,	311	1.00
TOTAL This Period (last page this line number only)								4981	1.00

17

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 55 OF 57
ITEMIZED DISBURSEMENTS	Use separate schedule(for each category of the	(s) (check only	y one)	
	Detailed Summary Page		22 23 28a 28b	24 25 26 28c 29 30b
Any information copied from such Reports and St or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full)	7,1-2			
Molina Healthcare, Inc. PAC				
Full Name (Last, First, Middle Initial)			Date of Disburseme	ent
A. Michael Mayers			M M / D D	/ Y Y Y Y
Mailing Address 8309 Medeiros Way			04 09	2014
City	State Zip Code		Transaction ID : I	D157478
Sacramento Purpose of Disbursement	CA 95829-8164			
over funded 2013 contributions			Amount of Each Di	sbursement this Period
Candidate Name		Category/		59.62
Office Sought: House Disbu	rsement For:	Туре		30.02
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Date of Disburseme	ant
B. J Mario Molina			Man / Dan	/
Mailing Address 1311 Chelten Way			04 09	2014
City	State Zip Code		Transaction ID : I	D157477
South Pasadena Purpose of Disbursement	CA 91030			
overfunded 2013 contributions			Amount of Each Di	sbursement this Period
Candidate Name		Category/ Type		75.61
	rsement For:			
Senate President	Primary General Other (specify) ▼			
State: District:	Other (specify)			
Full Name (Last, First, Middle Initial) C. John C Molina			Date of Disburseme	ont
o. John C Molina			M M / D D	/
Mailing Address 5668 E Naples Cnl St			04 09	2014
City	State Zip Code		Transaction ID : I	D157479
Long Beach Purpose of Disbursement	CA 90803			
over funded 2013 contribution			Amount of Each Di	sbursement this Period
Candidate Name		Category/ Type		0.06
	rsement For:			
Senate	Primary General			
State: District:	Other (specify) ▼			
S.d.o. Biotriot.				
SUBTOTAL of Disbursements This Page (optional	al)			135.29
		<u> </u>		425.00
TOTAL This Period (last page this line number of	only)			135.29

SCHEDULE B (FEC Form 3X)	Hoo ochorota salas della	FOR LINE	•
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the	a l (oncor only	
	Detailed Summary Pag		22 23 24 25 26 26 28c X 29 30
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)		25	23.1. 2222
Molina Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial)			
A. Citizens for Sears			Date of Disbursement
Mailing Address 6711 Monroe St. Bldg 3 Suite D			04 29 2014
City	State Zip Code		Transaction ID : D159839
Sylvania	OH 43560		Transaction is . 5 losses
Purpose of Disbursement support re elect			Amount of Each Disbursement this Period
Candidate Name		Category/	500.00
Barbara Sears		Type	300.00
9	ement For: 2014 Primary Genera Other (specify) ▼	I	
State: OH District: 46			
Full Name (Last, First, Middle Initial)			
B. Friends of Shannon Jones			Date of Disbursement
Mailing Address 800 Valley View Point			04 15 2014
City Springboro	State Zip Code OH 45066		Transaction ID : D159835
Purpose of Disbursement support re elect	.5000		Amount of Each Disbursement this Period
Candidate Name			, another the Lacit Disputsement this Fellou
Rep. Shannon Jones		Category/ Type	500.00
	ement For: 2014	.,,,,,	
Senate President	Primary General Other (specify)	I	
State: OH District: 07	Guier (opeany)		
Full Name (Last, First, Middle Initial) C. Friends of Kris Jordan			Date of Disbursement
- I Helius of Kils Joidali			M M / D D / Y Y Y Y
Mailing Address 77 South High Street OHHR			04 15 2014
City	State Zip Code		<u> </u>
Columbus	OH 43215-6111		Transaction ID : D159836
Purpose of Disbursement SUPPORT RE ELECT			Amount of Each Disbursement this Period
Candidate Name		Cotogony	Amount of Each Dispursement this Penou
Kris Jordan		Category/ Type	500.00
Senate President	ement For: 2014 Primary Genera Other (specify)	1	
State: OH District: 02			
SUBTOTAL of Disbursements This Page (optional).		······	1500.00
TOTAL This Poyled (lost need this line number and	٨	<u> </u>	
TOTAL This Period (last page this line number only	y)		

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 57 OF				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	ly one)				
	Detailed Summary Page	21b 27	22 23 24 25 28c X 29				
Any information copied from such Reports and Staten	nents may not be sold or used						
or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)							
Molina Healthcare, Inc. PAC							
Full Name (Last, First, Middle Initial)							
A. Rep. Peggy Lehner			Date of Disbursement				
Mailing Address 533 Lockerbie Lane			04 15 2014				
	State Zip Code		Transaction ID : D159837				
Kettering	OH 45429		Transaction ID 1 D 100001				
Purpose of Disbursement support re elect			Amount of Each Disbursement this Period				
Candidate Name		Category/	350.00				
Peggy Lehner Office Sought: House Disburser	nont For: 0044	Туре	330.00				
	nent For: 2014 Primary General						
President	Other (specify) ▼						
State: OH District: 37							
Full Name (Last, First, Middle Initial)							
В.			Date of Disbursement				
Mailing Address			M - M / D - D / Y - Y - Y - Y				
City	State Zip Code						
Purpose of Disbursement							
Candidate Name			Amount of Each Disbursement this Perio				
Candidate Name		Category/ Type					
Office Sought: House Disburser	nent For:						
Senate	Primary General						
President State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
C.			Date of Disbursement				
Mailing Address			M M / D D / Y Y Y Y				
City	State Zip Code						
Purpose of Disbursement							
. 4.,000 0. 2.024.00			Amount of Each Disbursement this Perio				
Candidate Name		Category/ Type					
Office Sought: House Disburser	nent For:	туре	7				
	Primary General						
President	Other (specify) ▼						
State: District:							
SUBTOTAL of Disbursements This Page (optional)			350.00				
ODITIONE OF DISDUISEMENTS THIS Page (OPHONA)		·····	7 7 7				
TOTAL This Period (last page this line number only)			1850.00				